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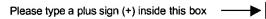
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Num	ber STEPHØL	
		First Named Inventor	STEPHANIE GrASSO	
		COMPLETE IF KNOWN		
		Application Number	/	
Declaration	OR Submitted after Initial	Filing Date	Herewith	
Submitted with Initial		Group Art Unit		
Filing				

-	rillig	required)	Examiner Name)		
	As a below named inventor, I he	reby declare that:				
	My residence, mailing address, and citizenship are as stated below next to my name.					
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
	Supplement	al REMOV	able Outers	ole For	FOOTWEAR	
					· 	
	the specification of which	(Title of t	the Invention)			
	is attached hereto					
	OR					
	was filed on (MM/DD/YYYY)		as United St	tates Application	Number or PCT Internat	tional
,	was med on (MINIDE) 1111,			ист присили.	Number of Formation and	Jorg
	Application Number	and was a	amended on (MM/DD/YY	Υγ)	(if ap	pplicable).
	I hereby state that I have reviewed amended by any amendment spec			ified specification	ı, including the claims, a	ıs
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for pat or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one than the United States of America, listed below and have also identified below, by checking the box, any foreign patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before application on which priority is claimed.						
				nated at least one coul box, any foreign appli	ntry other ication for	
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Att YES N	tached?
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DECLARATION — Utility or Design Patent Application

	Direct all correspondence to: Customer Numbe or Bar Code Labe		OR 🔀 Co	orrespondence address below	
	Name FRED Grasso	`			
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	city Daktou		State VA	ZIP 22124	
	C untry U.S.A. Tele	ephone 703	7167372	Fax	
; 	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
EB	NAME OF SOLE OR FIRST INVENTOR :	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor			
Kan tan tan	Given Name (first and middle [if any]) 5 to pha NIE	Family Name CASSO or Sumame		1880	
m dir	Inv ntor's Stopher C	russo	,	Date 6/27/01	
	Residence: City Oakton	State VA	Country USA	Citizenship USA	
	Mailing Address 2689 MATTOX Creck Dr.				
<u>l-i</u>	city Oaktou	State VA	ZIP 22124	Country USA	
	NAME OF SECOND INVENTOR:	A petition has	s been filed for this uns	igned inventor	
İ	Giv n Name Family Name (first and middle [if any]) or Surname				
	Inventor's Signature			Date	
	R sidence: City	State	Country	Citizenship	
	Mailing Address				
	City Additional inventors are being named on the sup	Stat	ZIP mail inventor(s) sheet(s) PTO	Country	



PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number		
Filing Date	Herewith	
First Named Inventor	Grasso	
Title	Supplemental	Remouable
Group Art Unit		
Examiner Name		
Attorney Docket Number		

I hereby appoint:		[
OR	Customer Number	Place Customer Number Bar Code Label here			
Practitioner(s) n	amed below:				
	Name	Registration Number			
Fred	Grasso	43,644			
1					
as my/our attorney(s)	or agent(s) to prosecute the application ide	entified above, and to transact all			
as my/our attorney(s) of business in the United	States Patent and Trademark Office conn	ected therewith.			
	espondence address for the above-identit	ied application to:			
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OR	Practitioners at Customer Number Number Bar Code Label here				
M					
Individual Name	Free Grasso				
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Address					
City		tate VA Zip 22124			
Country	USA 703 74-7372				
Telephone	7037167372 F	ax			
	I am the:				
Applicant/Inven	Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name STEPHANIE GRASSO					
Signature	Signature Suphime Grusso				
Date	Date (9/97/0)				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
□ *Total offorms are submitted.					